

215040502
62621

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 180	Agency Case No. B5-092099	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/03/2015		(In Military Time) TIME OF ACCIDENT 1515	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1516	10/04/2015	
B	62	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 5740 Old Cheney			PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				1.00	X	5740 Old Cheney
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	G02155227	STATE (Of License)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N	1	DRIVER	DIANNE M MILBURN	PHONE	402-310-1046	LOCAL NO.
V2/N	1	DRIVER ADDRESS	2324 SOUTHWOOD PL, LINCOLN, NE 68512	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	12/09/1948
G	2	OWNER	DIANNE M MILBURN / LARRY J MILBURN	PHONE	402-310-1046	LOCAL NO.
		OWNER ADDRESS	2324 SOUTHWOOD PL, LINCOLN, NE 68512	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
H	5	LICENSE PLATE	PA NO. TLY423	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	1	VEHICLE	2013	MAKE Nissan	MODEL Juke	BODY STYLE Medium/large
V2/O	1	VEHICLE ID NO. (VIN)	JN8AF5MV6DT228874	COLOR gray	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 1000	
		INSURANCE COMPANY	Liberty Mutual			
		TOWED TO	TOWED BY		POLICY NO. A05-243-129917-40 5 7	
VEHICLE NO. 2						
I	1	DRIVER LICENSE NO.		STATE (Of License)		SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P	1	DRIVER	Noah M Traxler	PHONE	402-432-9980	LOCAL NO.
V2/P	8	DRIVER ADDRESS	545 W 2nd, Palmyra, NE 68418	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/06/1997
J	01	OWNER	KRISTA L TRAXLER	PHONE	402-432-9980	LOCAL NO.
		OWNER ADDRESS	545 W 2nd, Palmyra, NE 68418	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE	PA NO. 11J611	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	4	VEHICLE	1993	MAKE Chrysler	MODEL Lebaron	BODY STYLE 2 door Sedan
		VEHICLE ID NO. (VIN)	1C3XU413XP593011	COLOR red	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 500	
		INSURANCE COMPANY	State Farm			
		TOWED TO	TOWED BY		POLICY NO. 982682272001	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092099



Indicate
North
by Arrow

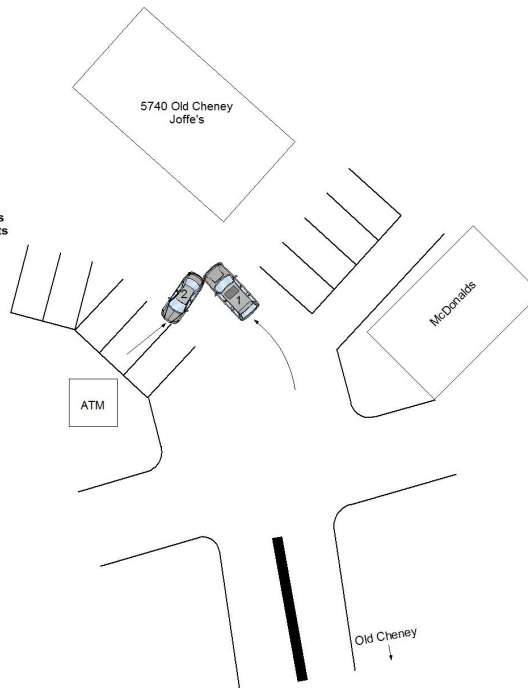


POI

26' N of S parking lot curb by ATM spots
13' E of W parking lot curb by ATM spots

14"-36" AGL

Measurements Approximate
Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicles 1 and 2 were in the parking lot located in the area of 5740 Old Cheney. Driver 1 described that as she drove through the parking lot a red vehicle backed out of a parking stall and collided with her vehicle. Driver 1 said that driver 2 a W/M in his late teens with a passenger in the front seat. Driver 1 described that driver 2 asked her if she was OK and then went back into his vehicle saying he needed to call his father. Driver 1 said that driver 2 then when driver 2 got back into his vehicle he drove away failing to leave any contact information. The license plate provided of vehicle 2 was NE 11-J611. I was able to determine the identity of driver 2 and spoke with them on the phone. Driver 2 said that while parked he saw one car pass behind him and thought it was clear. Driver 2 described that when he backed up he collided with vehicle 1. Driver 2 then described that he had no operator's license and felt he needed to "get ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				Driver No. 1		1	Driver No. 2	Pedestrian						
1	X				PVT LOT				VEHICLE 1		VEHICLE 2		Y			Y		Y					
2		X			PVT LOT				POINT OF IMPACT		POINT OF IMPACT		N		X	N	X	N					
1	01	06 Turning left			MOST DAMAGED AREA		08	MOST DAMAGED AREA		06		1		None used - vehicle occupant		2		Lap & shoulder belt used					
2	02	08 Entering traffic lane			MOST DAMAGED AREA		08	MOST DAMAGED AREA		06		2		Shoulder belt only used		3		Lap belt only used					
01 Essentially straight ahead				09 Leaving traffic lane				02				03				4				Lap belt only used			
02 Backing				10 Parked				01				05				5				Child safety seat used			
03 Changing lanes				11 Slowing or stopped in traffic				08				07				6				DOT approved helmet used			
04 Overtaking/ Passing				12 Other				06				04				7				Costume helmet used			
05 Turning right				13 Unknown				05				06				8				Restraint use unknown			
06 Turning left				14 Unknown				06				07				9				Restraint use unknown			

OFFICER NO. 1549	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Michael Wambold		INVESTIGATOR SIGNATURE Approved by Officer Michael Wambold	DATE OF REPORT 10/04/2015

62621

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

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B5-092099

STATE USE ONLY

10/03/2015

CITY

Lincoln

5740 Old Cheney

1549

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Lincoln Police Department

Michael Wambold

Approved by Officer Michael Wambold

10/04/2015